

AN ABSTRACT OF THE THESIS OF

Jessica Lorraine Newgard for the degree of Honors Baccalaureate of Arts in Spanish presented on March 4, 2013. Title: The Creation of a Bilingual Children's Book to Promote Breastfeeding to Acculturating Latin@s.

Abstract Approved:

Melissa Cheyney

The purpose of this project is to write a children's book that promotes breastfeeding to acculturating Latin@s. *María's Mamá's Milk* or *La leche de la mamá de María* is about a little girl named María whose mother is about to give birth. María wonders what the new baby will eat, and through a series of encounters with breastfeeding mothers and babies and many poignant questions, she learns that babies only need one special food to thrive: their mamas' milk. Through normalizing breastfeeding for all ages, questioning feelings of shame around breastfeeding, and educating people about important breastfeeding information, this book aims to empower more Latinas to breastfeed and encourage open discussion about breastfeeding practices in the United States. Research has shown that as Latinas acculturate, they are less likely to breastfeed because of the deleterious effects of anti-breastfeeding culture in the United States. This book is targeted at children aged 5-7 and is available in a bilingual version that targets English speakers and an additional version entirely in Spanish.

Key Words: acculturation, breastfeeding, children, Latino, Spanish

Corresponding email address: newgard.jessica@gmail.com

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The Creation of a Bilingual Children's Book

to Promote Breastfeeding

to Acculturating Latin@s

by

Jessica Lorraine Newgard

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APPROVED:

Mentor, representing Anthropology

Committee Member, representing Ethnic Studies

Committee Member, representing Public Health, Anthropology, the Latin@ Community

Director, School of Language, Culture, and Society

Dean, University Honors College

I understand that my project will become part of the permanent collection of Oregon State University, University Honors College. My signature below authorizes release of my project to any reader upon request.

Jessica Newgard, Author

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TABLE OF CONTENTS

	Page
INTRODUCTION.....	1
Goal of Project.....	1
Book Summary.....	1
Benefits of Breastfeeding.....	1
Breastfeeding Recommendations.....	2
Latin@ Breastfeeding Rates and the Immigrant Paradox.....	2
Barriers to Breastfeeding.....	5
WHY WRITE A CHILDREN’S BOOK.....	5
Picking a Topic.....	7
Significance.....	7
CHARACTER DEVELOPMENT.....	8
TARGET AUDIENCE.....	9
CONTENTS.....	11
Introduction.....	11
Breakfast.....	12
At the Zoo.....	13
María’s Aunt.....	15
After Carlos’ Birth.....	18
CONCLUSION.....	19
Latin@ Mama-Baby Focus Group.....	20
Publishing.....	20
Summary.....	21
BIBLIOGRAPHY.....	22
APPENDICES.....	28
Appendix A Manuscript Cover Letter.....	26
Appendix B <i>María’s Mamá’s Milk</i> (Bilingual).....	29
Appendix C <i>María’s Mama’s Milk</i> Glossary (Bilingual).....	35
Appendix D <i>María’s Mamá’s Milk</i> Discussion Questions (Bilingual).....	36
Appendix D <i>La leche de la mamá de María</i> (Spanish).....	36

Introduction

Goal of Project

The purpose of this project was to write a children's book that promotes breastfeeding to acculturating Latin@s. There is a gap in breastfeeding promotion for acculturating Latin@s, an underserved and rapidly growing population in the United States (Singh, Kogan, & Dee, 2007). Through normalizing breastfeeding for all ages, questioning feelings of shame around breastfeeding, and educating people about important breastfeeding information, this book aims to empower more Latinas to breastfeed and encourage open discussion about breastfeeding practices in the United States. This accompanying paper will provide the background and rationale for the book's content.

Book Summary

María's Mamá's Milk or *La leche de la mamá de María* is about a little girl named María whose mother is about to give birth. María wonders what the new baby will eat, and through a series of encounters with breastfeeding mothers and babies and many poignant questions, she learns that babies only need one special food to thrive—their mamas' milk.

Benefits of Breastfeeding

Breastfeeding is an incredibly important component of a healthy mother-baby relationship for a myriad of reasons. Breastfeeding provides physical and emotional benefits to the mother and the infant, including: lowering the infant's risk for infectious and chronic disease and allergies, facilitating development of the infant's neurological, immune, and gastrointestinal systems, and reducing risk of child abuse and postpartum depression for the mother, as well as

many other benefits (The American Academy of Pediatrics, 2012). These benefits are all derived from breastfeeding, but are dependent on different levels of exclusivity and duration. Some benefits are achieved merely from breastfeeding initiation, but some require exclusivity and/or significant duration in order for any benefit to be conferred (The American Academy of Pediatrics, 2012).

Breastfeeding Recommendations

The World Health Organization (2001) and the American Academy of Pediatrics (2012) both recommend exclusive breastfeeding for six months, followed by continued breastfeeding supplemented with complementary foods for a minimum of one year and as long as the mother and baby wish. Unfortunately, these goals are not being met by a majority of mothers and babies in the United States. When last measured in 2006, 74% of women had ever initiated breastfeeding, but only 43.5% were still breastfeeding at six months, and just 14.1% breastfed exclusively for six months (US Department of Human Services, 2010). After one year, only 22.7% were still breastfeeding (US Department of Human Services, 2010). Rates of breastfeeding were slightly higher among Latina women, with 80.6% ever initiating, 46.0% breastfeeding at six months, and 24.7% breastfeeding at one year (Center for Disease Control and Prevention, 2007).

Latin@ Breastfeeding Rates and the Immigrant Paradox

Although breastfeeding rates are higher among Latinas, this is not a reason to disregard them in promotional strategies. Researchers have known for more than a decade that many Latin@ populations have better health outcomes than other ethnic groups of similar

socioeconomic status—a phenomenon called the Latin@ Paradox (Gibson-Davis & Brooks-Gunn, 2006; Kimbro, Lynch, & McLanahan, 2008). Higher rates of breastfeeding in many communities have been attributed to this so-called Latina Paradox. However, upon further examination, it was found that recent immigrants as a whole have higher breastfeeding rates than average U.S. Americans (Gibson-Davis & Brooks-Gunn, 2006). Breastfeeding rates are most likely higher in the Latina population because there is a larger immigrant community among the Latin@ population and the Latin@ Paradox should really be called the Immigrant Paradox.

Gibson-Davis and Brooks-Gunn (2006) conducted an analysis of rates of breastfeeding among Latina and non-Latina immigrants. Their study found that rates of breastfeeding were not dependent upon ethnicity, but upon country of birth and years spent in the United States. For every additional year of U.S. residency of the mother or the father, the odds of breastfeeding decreased by 4%. These researchers hypothesized that this correlation was likely due to the absence of a culturally mandated breastfeeding norm in the United States. Many other studies have correlated immigrant status and degree of acculturation to rates of breastfeeding (Baydar, McCann, & Williams, 2007; Celi AC, 2005; Gibson, Diaz, Mainous, & Geesey, 2005; Gibson-Davis & Brooks-Gunn, 2006; Gill, Reifsnider, & Lucke, 2007; Gill, 2009; Kimbro et al., 2008; Kruse, Denk, Feldman-Winter, & Rotondo, 2006; Sandy, Anisfeld, & Ramirez, 2009; Singh et al., 2007; Sussner, Lindsay, & Peterson, 2008).

According to Bonvillain (2006), acculturation is the “process by which a group adjusts to living within a dominant culture while at the same time maintaining its original cultural identity” (p. 478). Acculturation is a broad term that encompasses all aspects of culture, including food, health, exercise patterns, music, family structure, language, and many other things. When people immigrate, they often adopt some new cultural practices of the country in which they are living.

This is complicated by the fact that the dominant culture may be heterogeneous. Immigrants also bring their culture to the new country and influence the new nation's culture. U.S. mainstream culture is not supportive of breastfeeding, so it is often better from a public health perspective for immigrants to maintain their cultural ideals and values around infant feeding. Ideally, mainstream U.S. breastfeeding culture would be influenced positively by the practices of immigrant communities.

The correlation between acculturation and breastfeeding rates means that the longer Latina women live in the U.S., the less likely they are to breastfeed. This suggests that breastfeeding promotion among Latin@ communities should be directed at the acculturating portion of the population in order to prevent or slow the rate at which groups adopt rates similar to the rest of the U.S. population (Singh et al., 2007). Many studies have shown that there is a need for interventions aimed at maintaining breastfeeding culture (Gill, 2009; Kruse et al., 2006; Sandy et al., 2009; Singh et al., 2007; Sussner et al., 2008). Breastfeeding culture among Latin@ women can best be promoted by promoting social ties within the Latin@ community (Faraz, 2010).

According to data collected by the U.S. Census Bureau in 2010: "More than half of the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Hispanic population. In 2010, there were 50.5 million Hispanics in the United States, composing 16% of the total population" (Humes & Ramirez, 2011). This means that the Latin@ population is a very important group in the United States by population size and therefore increasingly important in terms of public health promotion efforts.

Public health officials in the U.S. have recognized the importance of breastfeeding for infant development and for overall infant and maternal health and are working to promote it in a

variety of ways. In Healthy People 2020, the U.S. Department of Human Services (2010) outlines comprehensive goals to improve the nation's health and breastfeeding rates, including increasing rates of ever initiating breastfeeding, breastfeeding to six months, breastfeeding to a year, and exclusive rates of breastfeeding for those time periods.

Barriers to Breastfeeding

Some women are unable to breastfeed due to institutional or societal barriers that may make it more difficult or even more expensive than formula feeding (Chantry, 2011; Dobson & Murtaugh, 2001). Often the medical professionals at hospitals do not speak Spanish or lack cultural competency, precluding some Latina women from receiving reliable access to breastfeeding help, and recently immigrated women may not have well-established support networks to assist them with breastfeeding. In addition, although the Patient Protection and Affordable Care Act requires insurance companies to pay for breast pumps (Healthcare.gov, 2013) and employers to allow breastfeeding mothers time and a place to pump (Patient Protection and Affordable Care Act, 2010), there are still significant barriers to breastfeeding. Employers are not required to pay their workers for the time they spend pumping. The Affordable Care Act also does not cover undocumented residents at all. Through the Oregon Health Plan, undocumented women have little to no access to prenatal care, including ultrasounds and nutritional counseling and are not able to apply for medical coverage until 45 days before their due date (Oregon Government, 2012).

Furthermore, the female breast is heavily sexualized in mainstream U.S. culture (Forbes, Adams-Curtis, Hamm, & White, 2003). The focus on breasts as objects of sexuality has had a major impact on how and when women may breastfeed in public (Forbes et al., 2003; Saha,

2002). Women are often criticized for breastfeeding in public and are sometimes asked to leave public places because they were breastfeeding (Saha, 2002). Women may also face negative feelings from their male partners who, due to patriarchal influence, may feel a sense of entitlement to their breasts (Saha, 2002).

One study conducted in Texas with Latino men found that some fathers are uncomfortable with their partners breastfeeding in front of others (Vaaler et al., 2011). Spanish-speaking men thought breastfeeding should limit women's social lives, but were the most okay with breastfeeding in the media and the most supportive of laws supporting breastfeeding in the workplace out of all the men surveyed. The authors of this study concluded that Spanish-speaking men may view breastfeeding as an inconvenient necessity. Embarrassment about breastfeeding that stems from treating women as second-class citizens leads to reduced rates of breastfeeding initiation and duration, making it essential that public health messages work to normalize breastfeeding and to reduce embarrassment (Vaaler et al., 2011).

It is important to recognize barriers to successful breastfeeding and to avoid blaming individual women for not having breastfed their children or not intending to breastfeed future children. The language and topics used throughout the children's book were carefully selected in an attempt to avoid victim blaming and being too prescriptive. For example, formula feeding is addressed and explained as an option. And at the end, the main character's future in terms of if she will or will not breastfeed her own children and if she will have children is left open to interpretation.

Why Write a Children's Book

Picking a Topic

This project encompasses three of the things I am most passionate about: the Spanish language and Latin@ culture, public health, and social justice. Through my studies at Oregon State University, these subjects are what I have spent most of my academic focus on. Therefore, this project is a perfect intersection of my knowledge base, and it is also a step towards fulfilling my childhood dream of getting a book published.

Significance

Increasing rates and duration of breastfeeding is a currently relevant public health goal as research regarding benefits and promotional campaigns are gaining increasing momentum (U.S. Department of Health and Human Services, 2010). Children's literature is a great way to spread information because it is accessible to a wide range of age groups, reading levels, and cultures. It can also be a very entertaining and interactive way to learn (Buccieri & Economy, 2005; Dils, 1998; Shepard, 2000).

Character Development

The main character in this story is María. She is a very inquisitive child who asks a lot of questions and wants to understand how the world works and why. Throughout the story, María directs her conversations with her mother and her aunt because research suggests that children want to read about main characters who take initiative and are problem solvers (Buccieri & Economy, 2005; Dils, 1998; Shepard, 2000).

María learns about breastfeeding from her mother and her aunt Olivia. These women are trusted sources who have experience with breastfeeding. Breastfeeding is much more accepted in Latin@ culture so it makes sense to have the information come from Latin@ family members who likely have personal experience with breastfeeding (Gill, 2009). Social support is a very important factor for Latin@s so many researchers recommend emphasizing it and including other family members (Faraz, 2010). This is another reason that María's primary teachers are a part of her family.

Target Audience

The target age group for this book is children aged 5-8 and the adults who read with them. Tracey E. Dils emphasizes the importance of writing children's books that appeal to both children and adults because adults are often the ones who purchase the books (1998). That being the case, children's books must be basic enough to be understood by children, but also have larger themes that appeal to adults. This book was carefully written to explain important ideas about breastfeeding in simplistic terms that will be comprehensible to children. A secondary benefit of this is that it will be more accessible to adults who may have limited literacy skills as well. One literature review about Latin@ breastfeeding discussed the importance of addressing reading comprehension in breastfeeding promotional efforts (Gill, 2009).

Two versions of the book were written, one directed at readers whose primary language is Spanish, one directed at readers whose primary language is English. This will allow people who identify as Latin@ to have access to the book regardless of preferred language. Immigrants who come to the U.S. may feel pressured to acculturate linguistically by learning English and not using their native language. By writing a Spanish version, I hope to avoid pressuring people to speak or read only English. I also hope to make the book accessible to those facing barriers to learning English, or who choose not to learn it.

The version for English speakers is bilingual; it is written mostly in English with some Spanish words. This allows people who do not identify as Latin@ to learn about Latin@ culture and breastfeeding. It also challenges the notion that English is the only language that U.S. Americans use or should use. Because there is such a significant Latin@ population in the U.S., Latin@ culture and language is becoming more integrated into mainstream U.S. culture. I think it is important for both children and adults to be exposed to other languages and cultures. One

variable used to measure acculturation is language use. People who prefer Spanish are often less linguistically acculturated than people who prefer English (Kimbrow et al., 2008). However, it is important to provide information to both groups to preserve breastfeeding culture in less acculturated communities and to help encourage more acculturated groups to re-examine and re-value the importance of breastfeeding.

Numerous analyses of breastfeeding promotion state the importance of cultural appropriateness (Faraz, 2010; Gill, 2009; Kruse et al., 2006; Sandy et al., 2009; Singh et al., 2007). This book aims to be authentic literature for the Latin@ population through the use of culturally normative examples and settings that many people who identify with mainstream U.S. culture and Latin@ culture might share. The settings and food examples used are intentionally general and might apply to many people who live in the U.S., so that they will be able to relate to the story. This is important because there are increasing numbers of bicultural and multicultural families in the United States. Many may, for example, identify both as U.S. American and as Latin@.

One study about patterns of breastfeeding initiation found that women can be recruited to breastfeed after formula feeding previous children (Kruse et al., 2006). Cultural competency is essential for educators trying to support women to breastfeed because immigrant mothers may see formula feeding as being a part of mainstream U.S. culture. Research suggests that they can have their normative cultural orientation to breastfeeding restored (Kruse et al., 2006). Thus, this book is not just aimed at promoting breastfeeding to future mothers, but also at encouraging women who previously used formula to breastfeed future children.

Contents

Introduction

The content of *María's Mamá's Milk* is meant to be educational and thus addresses many aspects of breastfeeding that people may not be aware of. Few children's books purely focus on breastfeeding and include information that may be key to improving initiation, duration, and exclusivity of breastfeeding. A literature review of children's books on this topic was conducted, including an analysis of La Leche League's (2008) recommended children's books and of a bibliography of children's books that portray breastfeeding compiled by the Indiana State Department of Health (n.d.). Few among them focused on the science behind breastfeeding and its importance. Many books were focused on an older child adjusting to a new baby (Mennen, 1994; Sears, Sears, & Kelly, 2001). Others focused on comparing human mothers breastfeeding to animal mothers (Manning & Granstrom, 2001; Martin, 1995; Ross, 2007)

Research on Latin@ breastfeeding promotion shows that education about the benefits of breastfeeding, the risks of formula feeding, recommendations about breastfeeding duration and exclusivity, and how breastfeeding works might be helpful in influencing women to decide to breastfeed. It may also help individuals understand common problems related to breastfeeding, such as the fear of insufficient milk production (Bartick & Reyes, 2012; Baydar et al., 2007; Gibson et al., 2005; Gill, 2009; Special Supplemental Nutrition Program for Women, Infants, and Children, 2008). These are the two main reasons that the book was designed to be educational in nature.

Breakfast

The first scene of the story establishes the premise of the story. María's mother is about to give birth to María's new baby brother Carlos. María is excited to meet Carlos and wants to show him something that is important to her: *los tacos* that she and her *mamá* make. María does not yet know about breastfeeding and how it works; this is the problem the story works through.

During this scene, María's mother already begins to give her important information about breastfeeding. She says: "*Bebés* don't eat ice cream, María. *Bebés* only need one food that gives them all they need: *la leche de las mamás*." María's mother says this because breastfeeding is the only time in a newborn's life that he/she will only have to consume one food to get all the nutrients he/she needs for growth and development (Hinde & German, 2012). Through intense selective pressure, human milk has adapted to process maternal diets and tissues into a perfect single food source for the infant (Hinde & German, 2012).

María's mother then tells her: "New *mamás* make *la leche especialmente* for their *bebés*." Breast milk is uniquely made by each mother for each infant; breast milk samples from different mothers and for different children are distinct (Alvarez, 2007; Hinde & German, 2012). "Because each individual's social, nutritional and microbial environment is unique, the dynamic integration of their genes and environment will profit from highly personalized nutrition and medicine for optimizing human health" (Hinde & German, 2012: p. 2222). Individual mothers within species often make milk with unique composition and/or yield which affect infant growth and development (Hinde & Milligan, 2011).

María replies: "But don't *bebés* drink out of bottles?" Bottle feeding culture is highly prevalent in Western culture, so much so that breastfeeding is no longer the norm (Newman & Pitman, 2009). Formula is heavily promoted by companies that produce it, and huge efforts are

made to make it seem like formula is similar or equivalent to breast milk, though there is no evidence that this is even possible (Newman & Pitman, 2009). “Human milk is compositionally distinct from all other mammalian milk, as milk from a particular mammal is species specific” (Stolzer, 2011: p. 89). Components of milk reflect a species’ unique evolutionary history, current environment, and the developmental trajectories of their young (Hinde & German, 2012). Milk with low energy density is ideal for the slow growth of humans, who require a longer period of breastfeeding as compared to other mammals (Hinde & German, 2012). Milk from cows or from soy has distinctly different nutritional components, many of which are not ideal for human infants (Mead, 2008; Newman & Pitman, 2009; Stolzer, 2011).

At the Zoo

María’s mother has an idea about how to show María what breastfeeding is that involves the new baby elephant at the zoo. This scene may be criticized for likening breastfeeding women to animals. In mainstream U.S. culture, women are often objectified and not given voice. Comparing them to animals could be taken as an extension of that. However, the mothers that have helped me edit the story have said they really enjoyed this example and do not feel reduced to animals. It was my grandmother’s idea to include a breastfeeding elephant in the story because an elephant was born at the Oregon Zoo in November 2012. My intention is that by comparing breastfeeding moms to other animals, I am not “othering” them, but normalizing breastfeeding.

Mammals evolved to breastfeed their infants; humans comprise the sole species that feeds their infants milk from a different species in the form of formula. In the past 100,000 years, human biology has changed very little, but our culture has dramatically changed the way we live (Klingaman & Ball, 2007). The discordance between how we evolved to live and how we live

today has resulted in new diseases of modernity (Williams & Nesse, 1991). Before the invention of formula, breastfeeding was the only infant feeding option, and 75-83% of hunter-gatherers breastfed their children for longer than two years and exclusively breastfed the first six months (Mead, 2008). Formula feeding was introduced in the late-1800s, but has never been a suitable substitute for breast milk and has been associated with an increase in many diseases because it is a novel stressor (Mead, 2008).

While they are at the zoo, María's mom explains why babies cannot eat "big kid *comida*" and how breast milk contains all of the nutrients newborns need for growth and development: "*La leche de las mamás* has everything that comes from vegetables, fruits, and even ice cream! It also protects you from getting sick and makes you *grande* and strong." In her paper on proteins in human milk Álvarez states: "Human milk is a very complex living fluid which comprises proteins, carbohydrates, lipids, cells and other biologically important components. These milk components interact synergistically with each other and their environment (the infant's gut) at a biomolecular level with the final result being that breast milk feeds and protects the newborn" (2007: p. 5). Breast milk contains antibodies and other microbes that help the newborn establish its immune system and gut biota (Alvarez, 2007; Hinde & German, 2012; Mead, 2008). Formula does not contain most of these important components required for healthy infant development.

However, a small percentage of women are not physically able to breastfeed and some women face institutional or social barriers to breastfeeding so this is why formula is addressed in the story. María's mother says: "Some *mamás* and *bebés* have *dificultades* breastfeeding, so the *bebés* use bottles to drink *fórmula*, *una comida especial* made from *la leche de vacas* or sometimes *la leche de soya*." Unfortunately this sentence does not convey the complexity of what the "*dificultades*" related to breastfeeding may be, but that would be very complicated to

address in a children's book and tangential to the goal of promoting breastfeeding. Like some of the other complex issues addressed in this book, the discussion guide that is designed to be marketed with this book helps to address the larger issues only briefly (out of necessity) mentioned in the story.

María's mother brings the discussion back to the benefits of breastfeeding by saying: "*Los bebés* breastfed get sick less often than *los bebés* who drink *fórmula* and it brings them closer to their *mamás*." The benefits of breastfeeding are many; breastfeeding reduces the risk of multiple diseases including: Sudden Infant Death Syndrome, infant mortality, asthma and allergies, chronic disease (blood pressure, diabetes, serum cholesterol, overweight, obesity), infectious disease (otitis media, respiratory tract infections, gastrointestinal tract infections, necrotizing enterocolitis), inflammatory bowel disease, childhood leukemia and lymphoma. Other benefits for the infant include improved neurological development/intellectual performance and improved outcomes for preterm infants. Benefits for the mother include: decreased blood loss, increased spacing between children and decreased rates of child abuse and postpartum depression (Allen & Hector, 2005; The American Academy of Pediatrics, 2012; Horta, Bahl, Martines, & Victora, 2007; León-Cava, Lutter, Ross, & Martin, 2002; Mead, 2008). Some studies have found that Latina women might be encouraged to breastfeed by learning about its benefits (Bartick & Reyes, 2012; Baydar et al., 2007; Gibson et al., 2005).

María's Aunt

"Why are you hiding your *bebé*?" María asks her aunt in the next scene. María's aunt is breastfeeding with a cover in this scene because she is embarrassed to breastfeed openly in public. Many women in the United States do not feel comfortable breastfeeding in public

because of conservative and patriarchal culture (Forbes et al., 2003; Saha, 2002) and the influence of formula company marketing (Newman & Pitman, 2009). This is one of the reasons that some people in the United States are not very supportive of breastfeeding. Living in the U.S. with our stigma around breastfeeding is one of the factors associated with reduced rates of breastfeeding as immigrants acculturate (Baydar et al., 2007; Celi AC, 2005; Gibson et al., 2005; Gibson-Davis & Brooks-Gunn, 2006; Gill et al., 2007; Gill, 2009; Kimbro et al., 2008; Kruse et al., 2006; Sandy et al., 2009; Singh et al., 2007; Sussner et al., 2008). Women may feel a sense of embarrassment or shame about breastfeeding in public, rendering breastfeeding more difficult and less desirable. It may be hard to see past all the negativity to the benefits. This passage is not intended to normalize or promote covering up while breastfeeding, but to encourage open discussion about perceptions of breastfeeding in the U.S.

Tía Olivia clarifies which situations one might feel uncomfortable breastfeeding in: “In some situations, like at the grocery store or *en restaurantes*, *personas* aren’t used to seeing *mamás* breastfeed and it makes them uncomfortable.” This specification was included because there are other public or semi-public situations that mothers might be more comfortable breastfeeding in, such as in groups of women or among family members. Perhaps *María* had seen her aunt breastfeeding without a cover many times, but had never seen her cover up until this scene.

Tía Olivia explains the difference between breastfeeding cultures in other parts of the world compared to the U.S.: “Not many *mamás* in the United States breastfeed *en público*, but *mamás* breastfeed without covering up in many other places around the world. When I lived in Ecuador I saw many *mamás* breastfeeding openly.” Breastfeeding is much more accepted in Latin@ cultures (Gill, 2009). Numerous researchers assert that one of the best ways to promote

breastfeeding to acculturating Latin@s is to reemphasize the Latin@ breastfeeding culture (Gill, 2009; Kruse et al., 2006; Sandy et al., 2009; Sussner et al., 2008). When I was in Ecuador on study abroad, for example, I noticed many women openly breastfeeding, in stark contrast to the lack of breastfeeding I have witnessed in the United States.

Although Aunt Olivia does not feel comfortable breastfeeding in public without a cover, she still thinks breastfeeding is important. She says: “That’s why I am feeding *mi bebé* only breast milk.” It is important to breastfeed exclusively, rather than combine breastfeeding with formula. One study found that Latina women were not aware of the benefits of exclusive breastfeeding and the risks of formula feeding (Bartick & Reyes, 2012). Many people in the U.S. in general are not aware of the risks of formula feeding (Benton-Davis, Grummer-Strawn, Hannan, & Li, 2005).

María questions why mothers in the United States would feel uncomfortable breastfeeding in public: “The *mamá elefante* doesn’t hide her *bebé* when she breastfeeds. She would need a *grandísimo* blanket!” This comparison emphasizes how normal breastfeeding is and how strange it is that people in the United States are embarrassed about it. She emphasizes this later by questioning: “But why would *personas* not like breastfeeding? Don’t all *bebés* need to eat?” This is an interesting question because it is obvious and yet not discussed by people in the United States. I hope that this book can spur conversation about why some people in the U.S. are embarrassed about breastfeeding and help people get past their embarrassment. This is important in order to create a safe environment for mothers and babies.

After Carlos' Birth

In the last scene of the book, María is with her mom and her new baby brother when he is first born. Her mother says: “Watch how Carlos can find where *la leche* comes from.” María’s brother lifted his tiny fists and pushed his way up to his mother’s breast. Their mom helped Carlos begin to breastfeed.’ This passage shows that babies are born with many strong reflexes that help them to breastfeed (Colson, 2010).

Once Carlos begins to breastfeed, María has more questions about the logistics of breastfeeding. Her mother says: “His *panza* is only as big as a raspberry when he is first born, so he has to eat often.” Newborns must eat much more frequently than adults because they have small stomachs and digest their food quickly (La Leche League International, 2006). New mothers are often perplexed as to why their newborns have to eat so frequently because they do not know how small newborns’ stomachs are and how quickly they digest their food (The Special Supplemental Nutrition Program for Women, Infants and Children, 2008).

María’s mother follows up that statement by saying: “The more I breastfeed, the more *leche* I will make.” This is the principle of supply and demand—the more the mother and baby breastfeed, the more milk the mother will produce. The Special Supplemental Nutrition Program for Women Infants and Children, designed by Women, Infants and Children (WIC), found that many Latina women need more education about this topic (2008). It is one of the subjects highlighted in their promotional campaign.

María then asks: “How will Carlos eat when you go back to work?”

“I will pump extra *leche* and save it in bottles and you, *Abuela*, or *Tía* Olivia can feed your *hermanito* until I get back home.” One concern that women have about breastfeeding is about returning to the workplace. It is important to address this concern and suggest solutions

(Faraz, 2010). The Patient Protection and Affordable Care Act (2010) ensures that workplaces must provide time and a place for mothers to pump milk and that insurance companies provide breast pumps free of charge (Healthcare.gov, 2013). Hopefully these provisions will allow more working mothers to be able to breastfeed, despite the act's limitations, as discussed earlier.

María's mother goes on to address recommendations regarding exclusivity and duration. She says: "He will drink only breast milk for about a half a year and then he will slowly start to eat big kid *comida* along with the breast milk....We will keep breastfeeding until we're both ready to stop." These statements give the reader the World Health Organization (2001) and the American Academy of Pediatrics' (2012) recommendations for breastfeeding.

María follows this up with, "*Mamá*, will we still cuddle now that you have the new *bebé*?" This question addresses children's emotions and concerns after the birth of a new baby—a common worry for children. There are many children's books that address this topic (Mennen, 1994; Sears et al., 2001).

Once her mother reassures her of her place, María asks her last question: "*Mamá*, when I grow up can I breastfeed too?"

"If you want to, I can help you," her mother replies. This ending shows that María is interested in breastfeeding too and is already starting to think about the future. This is important because infant feeding choices are usually made before pregnancy (Gill, 2009). But it leaves the ending open enough that María is not completely pigeonholed into breastfeeding or becoming a mother at all. There is a fine line between valuing motherhood and family life and limiting women to that role alone. It is difficult in the U.S. to be able to breastfeed while being a leader in one's career as well. This work-life balance is further hampered by U.S. policies that lag behind other countries in terms of family leave and related support (Ray, Gornick, & Schmitt, 2008).

Conclusion

Latin@ Mama-Baby Focus Group

Once the children's book has undergone all of the edits and corrections from my committee, I hope to present it to a focus group of Latina mothers and their children in order to observe their reactions. This will help me to finalize the book and make sure that it is appropriate for its intended audience. I want to confirm that it feels authentic, not strained. I also want to make sure that the language is appropriate and familiar. There is a Latin@ Mama-Baby group that meets in Corvallis and I have already spoken with them about reading through my book.

Publishing

Throughout my extensive research process, I read four books about how to write children's books and get them published: *You Can Write Children's Books* by Tracey Dils, *Writing Children's Books For Dummies* by Lisa Buccieri and Peter Economy, *The Business of Writing for Children* by Aaron Shepard, and *2011 Children's Writer's And Illustrator's Market* by Alice Pope, all of which had specific suggestions related to how to write a children's book that people would want to read and publish, including the most effective ways to submit your manuscript to publishers. They all explicitly said that if you want to get your children's book published, you should follow the publisher's submissions instructions precisely, format the manuscript in a particular way, and *not submit it with illustrations*. They also all said not to include descriptions of what you think the illustrations should look like. They emphasized that the manuscript should stand on its own, and that the writing should be creative enough to produce visions in the potential publisher's head. From what I have heard from my editors, my story does evoke creative images, and I have tried to incorporate these ideas into the text.

I have formatted the text of the story in the appendices the way that I will be submitting it to publishers. The cover letter and manuscript format I am following is a combination of the advice in the books I have read. I hope that by doing my research and following the advice of published authors and editors I will increase my (admittedly small) chances of being published. After I finish my defense and corrections and get some more corrections from the Latin@ focus group, I will submit my book to be published. I used the *2011 Children's Writer's And Illustrator's Market* and my own internet research to pick Peachtree Publishers, an independently owned trade book publisher that produces a wide range of captivating picture books. I expect to hear back from them within six months of submission.

Summary

The goal of this project was to write a children's book that promotes breastfeeding to acculturating Latin@s. There is a need for breastfeeding promotion directed at acculturating Latin@s, an underserved and rapidly growing population in the United States (Singh et al., 2007). By deconstructing feelings of embarrassment around breastfeeding, normalizing breastfeeding for all ages, and educating people about important breastfeeding facts, this book aims to empower more Latinas to breastfeed and facilitate open discussion about breastfeeding practices in the United States.

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APPENDICES

APPENDIX A: Manuscript Cover Letter

Jessica Newgard
6907 SW 13th Ave.
Portland, OR 97219
503-752-4147
newgard.jessica@gmail.com

March 4, 2013

Helen Harriss, Acquisitions Editor
Peachtree Publishers
1700 Chattahoochee Avenue
Atlanta, GA 30318

Dear Ms. Harriss,

I am pleased to enclose *María's Mamá's Milk*, a bilingual picture book for ages five to seven. This book interests the Latin@ population and those interested in Latin@ culture and the importance of breastfeeding.

María's Mamá's Milk or *La leche de la mamá de María* is about a little girl named María whose mother is about to give birth. María wonders what the new baby will eat, and through a series of encounters with breastfeeding mothers and babies and many poignant questions, she learns that babies only need one special food to thrive: their mamas' milk.

Through normalizing breastfeeding for all ages, questioning feelings of shame around breastfeeding, and educating people about important breastfeeding information, this book aims to empower more Latinas to breastfeed and encourage open discussion about breastfeeding practices in the United States. This book is available in a version that targets native English speakers and an additionally version entirely in Spanish.

I am a graduating senior at the Oregon State University Honors College with a degree in Spanish and a minor in Public Health. I have studied abroad in Ecuador and have been researching this topic thoroughly for my thesis. The thesis is available upon request.

I have enclosed a SASE for the return of my manuscript should it not fit your needs. Thank you for considering *María's Mamá's Milk*. I look forward to hearing from you.

Sincerely,

Jessica Newgard
Enclosures: *María's Mamá's Milk*, SASE

APPENDIX B: *María's Mamá's Milk* (Bilingual)

Jessica Newgard
 6907 SW 13th Ave.
 Portland, OR 97219
 503-752-4147
newgard.jessica@gmail.com

Word Count: 960

NOTE: Glossary at the bottom

María's Mamá's Milk

by

Jessica Newgard

"Your *panza* is getting *grande*, *Mamá*!" *María* complained as she tried to hug her mom at breakfast.

"Your new *bebé hermano* *Carlos* is growing in there. He'll be born soon!" *María's* mom explained as she poured milk into *María's* cup.

"I can't wait to feed him my *comidas favoritas*! Can he try *los tacos* we make?!"

"What do you think *bebés* eat, *María*?" her mom asked.

"I hope *Carlos* likes what I like. Will we eat ice cream at the new *bebé's* birthday? I love ice cream!"

María's *mamá* laughed. "*Bebés* don't eat ice cream, *María*. *Bebés* only need one food that gives them all they need: *la leche de las mamás*."

"Really?!"

"When new *bebés* are born they drink *la leche* from their *mamás'* breasts. New *mamás* make *la leche especialmente* for their *bebés*."

"But don't *bebés* drink out of bottles?" asked María.

Her *mamá* replied, "I have *una idea*! Let's go to *el zoo* to see some *mamás* feed their *bebés*!"

"Yay! I love *el zoo*!"

At the zoo María said, "*Mamá*, this line is so long!" She could hardly see the door to the elephant house.

"There must be *muchas personas* who want to see the new *bebé elefante*. I bet she's really cute."

Inside the elephant house all the people crowded to the front of the fence to see the baby and her mom.

"What is the *bebé elefante* doing?" María asked. She wondered why the baby had her head between her mother's legs.

"The *bebé elefante* is breastfeeding, just like you did when you were a *bebé* and just like your new *hermanito* will do. Each *mamá* makes her own *leche* to feed *bebés*."

"I used to do that?"

"You did!"

"Why do *bebés* drink *la leche de las mamás*? Why don't they eat big kid *comida* like *los tacos*?"

"*Bebés* don't get teeth until they are older, so they have to drink all their *comida*. *La leche de las mamás* has everything that comes from vegetables, fruits, and even ice cream! It also protects you from getting sick and makes you *grande* and strong. Some *mamás* and *bebés* have *dificultades* breastfeeding, so the *bebés* may use bottles to drink *fórmula*, *una comida especial* made from *la leche de vacas* or sometimes *la leche de soya*. *Los bebés* breastfed get sick less often than *los bebés* who drink *fórmula* and it brings them closer to their *mamás*."

"Why are you hiding your *bebé*?" María asked her aunt Olivia one day while they were eating at a restaurant. Aunt Olivia had a blanket draped over her chest and her baby, but María could see the baby's little feet sticking out.

"I'm breastfeeding and using the blanket for privacy. Why are you asking, María?"

"I know all about breastfeeding! Did you know that the *mamá elefante* breastfeeds too? Did you know that breastfeeding can make *bebés* get sick less often?"

"I do know that. That's why I am feeding *mi bebé* only breast milk. I also think breastfeeding is much easier."

"Then *Tía* Olivia, why do you hide your *bebé* when you feed him? The *mamá elefante* doesn't hide her *bebé* when she breastfeeds. She would need a *grandísimo* blanket!"

"In some situations, like at the grocery store or *en restaurantes*, *personas* aren't used to seeing *mamás* breastfeed and it makes them uncomfortable. Not many *mamás* in the United States breastfeed *en público*, but *mamás* breastfeed without covering up in many other places around the world. When I lived in Ecuador I saw many *mamás* breastfeeding openly."

"But why would *personas* not like breastfeeding? Don't all *bebés* need to eat?"

"You know, I wonder the same thing."

María was very excited when her new brother Carlos was born. She couldn't wait to ask, "Is *mi hermanito* hungry yet? Is Carlos ready to breastfeed?"

Her mother was lying on her back with the new baby on her stomach. "Watch how Carlos can find where *la leche* comes from."

María's brother lifted his tiny fists and pushed his way up to his mother's breast. Their mom helped Carlos begin to breastfeed.

"Wow! How does he know what to do?" María asked.

"All *los bebés* mammals are born knowing. Do you know what a mammal is? Many *animales* like cats, dogs, and monkeys are mammals. That means that they all breastfeed like you and your *hermanito*."

"Oh. Just like *los elefantes*!"

"Sí! Most *bebés* will try to breastfeed on their own, but they often need help from their *mamás* and sometimes from nurses or their *tías*!"

"How often do you have to breastfeed, *Mamá*?"

"His *panza* is only as big as a raspberry when he is first born, so he has to eat often. The more I breastfeed, the more *leche* I will make."

"How will Carlos eat when you go back to work?"

"I will pump extra *leche* and save it in bottles and you, *Abuela*, or *Tía* Olivia can feed your *hermanito* until I get back home."

"How long will he drink only breast milk?"

"He will drink only breast milk for about a half a year and then he will slowly start to eat big kid *comida* along with the breast milk."

"Like *los tacos*!" *María* shouted.

"Sí! We will keep breastfeeding until we're both ready to stop."

"Wow, that's a long time."

"Yes, but did you know that's how long I breastfed you?"

"Really? That's *increíble*!"

"*Mamá*, will we still cuddle now that you have the new *bebé*?"

"Of course, *mi amor*. Come cuddle with me and your new *hermanito*." María climbed up into the bed with her mom and her new baby brother and hugged them.

"*Mamá*, when I grow up can I breastfeed too?"

"If you want to, I can help you."

APPENDIX C: *María's Mamá's Milk* Glossary (Bilingual)

<i>La abuela:</i> the grandma	<i>increíble:</i> incredible
<i>amor:</i> love	<i>la leche:</i> the milk
<i>los animales:</i> the animals	<i>la mamá:</i> the mom
<i>el bebé:</i> the baby	<i>muchas:</i> many
<i>la comida:</i> the food	<i>la panza:</i> the stomach
<i>el elefante:</i> the elephant	<i>personas:</i> people
<i>especial:</i> special	<i>público:</i> public
<i>especialmente:</i> especially	<i>el restaurante:</i> the
<i>favoritas:</i> favorites	restaurant
<i>el fórumla:</i> the formula	<i>sí:</i> yes
<i>grande:</i> big	<i>la soya:</i> the soy
<i>grandísimo:</i> really big	<i>el taco:</i> the taco
<i>el hermano:</i> the brother	<i>la tía:</i> the aunt
<i>el hermanito:</i> the little	<i>la vaca:</i> the cow
brother	<i>el zoo:</i> the zoo

APPENDIX D: *María's Mamá's Milk Discussion Questions (Bilingual)*

1. What are some of the reasons that *mamás* would breastfeed their *bebés*?
 - Babies only need one food to thrive: breast milk: “*La leche de las mamás* has everything that comes from vegetables, fruits, and even ice cream!”
 - Breast milk is personalized: “New *mamás* make *la leche especialmente* for their *bebés*.”
 - Breast milk is protective against disease: “It also protects you from getting sick and makes you *grande* and strong.”
2. In the book, María’s mother says, “*Bebés* only need one food that gives them all they need: *la leche de las mamás*.” Why would some *mamás* feed their *bebés* only breast milk and not milk from other mammals?
 - Breast milk is species specific: people make milk for people, cows make milk for cows, elephants make milk for elephants
 - Formula feeding increases risk of disease: “*Los bebés* breastfed get sick less often than *los bebés* who drink *fórmula* and it brings them closer to their *mamás*.”
3. How might breastfeeding help *mamás and bebés* grow closer?
 - Cuddling often helps with bonding and is important to building and maintaining relationships: “*Mamá*, will we still cuddle now that you have the new *bebé*?”
 - Breastfeeding causes the release of oxytocin for the mother which helps her bond with her new baby.
4. María’s *Tía* says, “In some situations, like at the grocery store or *en restaurantes*, *personas* aren’t used to seeing *mamás* breastfeed and it makes them uncomfortable.”

Why might some *mamás* in the United States feel like they have to cover up while breastfeeding in some situations?

- U.S. Americans are embarrassed about breastfeeding (patriarchal culture, sexualization of breasts): “Not many *mamás* in the United States breastfeed *en público*, but *mamás* breastfeed without covering up in many other places around the world. When I lived in Ecuador I saw many *mamás* breastfeeding openly.”

5. How can we make *mamás* feel more comfortable breastfeeding?

- Be supportive of breastfeeding and talk about the benefits of it
- Question negative reactions to breastfeeding: “But why would *personas* not like breastfeeding? Don’t all *bebés* need to eat?”

6. What are some of the things you learned about breastfeeding from reading this book?

- Babies can breastfeed soon after birth and have breastfeeding reflexes: “‘Watch how Carlos can find where *la leche* comes from.’ María’s brother lifted his tiny fists and pushed his way up to his mother’s breast. Their mom helped Carlos begin to breastfeed.’
- Babies must eat frequently: “His *panza* is only as big as a raspberry when he is first born, so he has to eat often.”
- Supply and Demand: “The more I breastfeed, the more *leche* I will make.”
- Breastfeeding recommendations: “He will drink only breast milk for about a half a year and then he will slowly start to eat big kid *comida* along with the breast milk....We will keep breastfeeding until we’re both ready to stop.”

7. María’s *mama* says that when she goes back to work, “I will pump extra *leche* and save it in bottles and you, *Abuela*, or *Tía* Olivia can feed your *hermanito* until I get back home.”

What are some other ways *mamás* might feed their *bebés* when they are not there to breastfeed?

- Some mothers express their breast milk by hand and their babies are spoon fed or finger fed.
- Some mothers breastfeed each other's babies. This can be a great way to share antibodies that protect infants against disease. But breast milk may transmit some diseases so it is important to be cautious of the health status of the mother.

8. What are some reasons *mamás* might not be able to breastfeed?

- Bottle feeding culture in the United States: "But don't *bebés* drink out of bottles?"
- Lack of support from healthcare professionals or from greater social network: "Most *bebés* will try to breastfeed on their own, but they often need help from their *mamás* and sometimes from nurses or their *tías*!"
- Working: "How will Carlos eat when you go back to work?"
- Added barriers for undocumented women: access to pre-natal care, language, cultural competency

9. How is the way that *elefantes* feed their *bebés* both similar and different to how people feed their *bebés*?

- Animals do not face stigma for breastfeeding: "The *mamá elefante* doesn't hide her *bebé* when she breastfeeds. She would need a *grandísimo* blanket!"
- Species specific milk

APPENDIX E: *La leche de la mamá de María* (Spanish)

Jessica Newgard
6907 SW 13th Ave.
Portland, OR 97219
503-752-4147
newgard.jessica@gmail.com

Word Count: 970

La leche de la mamá de María

by

Jessica Newgard

"Tu panza está grandísimo, Mamá" María se quejó cuando trató de abrazar a su mama durante el desayuno.

"Tu nuevo hermanito Carlos está creciendo adentro. ¡Él va a nacer pronto!" La mama de María se lo explicó mientras le servía la leche.

"¡No puedo esperar para enseñarle mis comidas favoritas! ¿Puede probar los tacos que cocinamos?"

"¿Qué piensas que comen los bebés, María?" preguntó su mamá.

"Espero que Carlos le guste lo que me gusta. ¿Vamos a comer helados para el cumpleaños del nuevo bebé? ¡Me encantan los helados!"

La mamá de María se rio. "Los bebés no comen helados, María. Los bebés sólo necesitan la leche de las mamás. Esta comida les dan todo lo que necesitan."

"¡¿De veras?!"

"Cuando los bebés recién nacidos tienen hambre toman la leche de los pechos de sus mamás. Nuevas mamás hacen leche especialmente para sus bebés con su propio cuerpo."

"¿Pero los bebés no toman de biberones?" preguntó María.

Su mamá respondió, "¡Tengo una idea! ¡Vámonos al zoo para ver algunas mamás alimentar a sus bebés!"

"¡Yay! ¡Me encanta el zoo!"

En el zoo María dijo, "Mamá, ¡esta fila está tan largo!" Ella casi no podía ver la puerta de la casa de los elefantes.

"Seguramente mucha gente quiere ver al elefante recién nacido. Creo que es muy lindo."

Adentro de la casa de los elefantes, toda la gente se amontonó al frente de la valla para ver al bebé y su mamá.

"¿Qué está haciendo el bebé elefante? María preguntó. No sabía por qué el bebé tuvo la cabeza entre las piernas de su mamá.

"El bebé elefante está amamantando, como tu hiciste cuando eras una bebe y como tu nuevo hermano va a hacer. Cada mamá hace su propio leche para alimentar a bebés."

"¿Eso hice yo?"

"¡Sí!"

"¿Por qué amamantan los bebés? ¿Por qué no comen la comida de los chicos grandes como los tacos?"

"Los bebés no tienen los dientes hasta que crecen un poco, por eso tienen que beber toda su comida. ¡La leche de las mamás tiene todo lo que tienen los vegetales, las frutas, y el helado también! Te proteja contra enfermedades y te hace crecer grande y fuerte. Algunas mamás y bebés tienen dificultades con amamantar. A veces los bebés usan biberones para beber fórmula especialmente para ellos hecho de la leche de vaca o leche de soya. Los bebés amamantados se enferman menos que los bebés que beben fórmula. También los bebés que amamantan hacen una conexión íntima con sus mamás."

María un día le preguntó a su tía Olivia, "¿Por qué escondes tu bebe?" cuando estaban comiendo en el restaurante. Tía Olivia tenía una cobija arriba de su pecho y su bebé, pero María podía ver los pies pequeños sobresaliendo.

"Estoy amamantando y estoy usando la cobija para la intimidad. ¿Por qué me preguntas, María?"

"¡Yo sé todo sobre el amamantamiento! ¿Sabías que la mamá elefante amamanta también? ¿Sabías que el amamantamiento hace que los bebés se enferman menos?"

"Sí sabía eso. Eso es por qué estoy alimentando mi bebé con leche maternal. Pienso que amamantar es más fácil."

"Entonces Tía Olivia, ¿por qué escondes tu bebe cuando amamantas? La mamá elefante no esconde su bebe cuando amamanta. ¡Ella necesitaría una cobija gigante!"

"En algunas situaciones, como en el supermercado o en restaurantes, la gente no está hecha a ver las mamás amamantar porque los hace incómodos. No hay muchas mamás en los Estados Unidos que amamantan en público, pero hay muchas mamás que amamantan sin esconder en otros lugares del mundo. Cuando vivía en Ecuador yo vi a muchas mujeres amamantando."

"¿Pero por qué se sentirían incómodos con las mamás amamantando? ¿Todos los bebés necesitan comer, no?"

"Yo me pregunto la misma cosa."

María estaba muy emocionada cuando su nuevo hermanito Carlos nació. No podía esperar a preguntarle a su madre, "¿Ya tiene hambre mi hermanito? ¿Está listo para amamantar Carlos?"

Su mamá estaba acostada en su espalda con el nuevo bebé en su panza. "Mira como Carlos puede encontrar de donde viene la leche."

El hermano de María levantó sus puños pequeñitos y se empujó al pecho de su mama. Su mama le ayudó empezar a amamantar.

"¡Wow! ¿Cómo sabe lo que tiene que hacer?" María preguntó.

"Todos los bebés mamíferos nacen con este conocimiento. ¿Sabes lo que es un mamífero? Muchos animales como gatos, perros, y monos son mamíferos. Esto significa que todos amamantar como tu hermano y tú."

"Oh. ¡Como los elefantes!"

"¡Sí! ¡La mayoría de los bebés tratarán de amamantar por su propio mismo, pero muchas veces necesitan ayuda de sus mamás y a veces de las enfermeras o sus abuelas también!"

"¿Con cuánta frecuencia tienes que amamantar, Mamá?"

"Su panza está sólo tan grande como una frambuesa cuando acabó de nacer, entonces tiene que comer frecuentemente. Lo más que le amamanto, la más leche haré"

"¿Cómo comerá Carlos cuando regreses a trabajar?"

"Voy a sacar leche extra y guardarla en biberones y tú, Abuela, o Tía Olivia puede alimentar tu hermano hasta que yo regreso a casa."

"¿Por cuánto tiempo va a beber sólo tu leche?"

"Va a comer sólo leche materna por como una media año y entonces va a empezar lentamente a comer la comida de los chicos con la leche materna."

"¡Como los tacos!" María gritó.

"Vamos a continuar amamantarlo hasta que él y yo estamos listos a parar."

"Wow, esto toma mucho tiempo."

"¿Sí, pero sabías que esto es el tiempo que te amamantabas también?"

"¿De veras? ¡Esto es increíble!"

"Mamá, ¿todavía vamos a hacer cariños ahora que tienes el nuevo bebé?"

"Claro que sí, mi amor. Ven a hacer cariños conmigo y tu nuevo hermano." María se subió a la cama con su mamá y su nuevo hermano y los abrazó.

"Mamá, cuando yo maduro, ¿amamantaré mi bebé también?"

"Si tu quieres, yo te ayudaré."

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